

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 163002 FILING DATE _____
APPLICANT(S) _____

CLAIMS

| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
|--------------|------------------------|------|------------------------|------|--------------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | | | | | | |
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| TOTAL IND. | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | TOTAL CLAIMS | | | | | |